



State of Washington
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Consumer Services

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258

CONSUMER LOAN OFFICE CLOSURE FORM

PLEASE CHECK APPLICABLE BOX: ☐ MAIN OFFICE ☐ BRANCH OFFICE
EFFECTIVE DATE OF CHANGE _____

CONSUMER LOAN COMPANY NAME: _____

TRADE NAME _____ **LICENSE NUMBER** _____

PHYSICAL ADDRESS: _____
Of location closing

City County State Zip

CUSTODIAN OF RECORDS:
in accordance with RCW 31.04.155 *Last Name* *First* *Middle*

MAILING ADDRESS: _____

City County State Zip

Phone Fax e-mail address

LOCATION OF RECORDS:
PHYSICAL ADDRESS: _____

City County State Zip

INSTRUCTIONS FOR CLOSURE OF AN OFFICE:

1. Books and records must be accessible to DFI (in Washington state, unless special permission has been granted to maintain records outside the state of Washington) in compliance with RCW 31.04.155 and WAC 208-620-050. Written notice must be sent to DFI informing change of location or custodian of records.
2. Surrender the original Consumer Loan license issued to this location.
3. *Complete the Annual Assessment Worksheet (reverse) and enclose your check payable to the "Washington State Treasurer" {Note: this requirement does not apply to branch office closures}*

ANNUAL ASSESSMENT WORKSHEET

FOR CONSUMER LOAN COMPANIES AS AUTHORIZED BY WAC 208-620-220(2)

STATE OF WASHINGTON, DEPARTMENT OF FINANCIAL INSTITUTIONS

Please support all numbers reported on this worksheet with a Washington State balance sheet, trial balance or a report that can be reconciled to the company's balance sheet. Please, also include the actual reports from which these numbers are taken. Any report that is not adequately supported will be considered incomplete and will be subject to the fine listed below.

CONSUMER LOAN COMPANY NAME: _____

TRADE NAME _____ LICENSE NUMBER _____

Date of Closure: _____

	Annual Assessment information	Dollars	Count
1.	Principal Balance of Loans Outstanding at closing date	\$ _____	_____
2.	Principal Balance of Loans Sold during this calendar year (With servicing rights released)	\$ _____	_____
3.	Principal Balance of Loans Sold during this calendar year (With servicing rights retained including loans made prior to calendar year)	\$ _____	_____
4.	Adjusted total loan value (Add lines 1, 2, and 3)	\$ _____	_____
5.	Multiply total on line 4 by this factor	X <u>0.000180271</u>	_____
6.	Report the results of multiplying line 4 by line 5 here → (The amount on line 6 is your Total Dollar amount of Assessment due)	\$ _____	_____

	Consolidated Annual Report information	Dollars	Count
7.	a) Loans made or purchased during this calendar year that were Unsecured or Secured by Security Agreement (secured by personal property)	\$ _____	_____
	b) Loans made or purchased during this calendar year that were Secured by Real Estate	\$ _____	_____
	c) Loans that matured or paid out during the period	\$ _____	_____
	d) Average size of loans made during the period	\$ _____	_____
8.	a) Principal balance of Other Loans (not included above) at beginning of period	\$ _____	_____
	b) Principal balance of Other Loans at end of period	\$ _____	_____

Answer every question, or write in "none." This report and your remittance are due in our office immediately upon closure of the company. A penalty of \$50.00 per day is authorized by RCW 31.04.175 for failure to file this report or make payment of annual assessment.

Name of Preparer: _____

Title of Preparer: _____

Phone Number: _____